## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

09	166	798
		10

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER SMALL				
TOTAL CLAIMS						[	RATE	FEE	<b>]</b>	RATE	FEE	
FOR		· NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			min	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	mir	nus 3 =	*			X42=	· · · · · · · · · · · · · · · · · · ·	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=	<del></del>	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*24	Minus	***	4	=		X\$ 9=	!	OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	*** <	Z			X42=		OR	X84=	
لــــا	THOTPILOL	NATION OF W	JEHREE DEF	LINDEN	CLAIN			+140=		OR	+280=_	
	,						,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	Dung de growing de growing de growing	(Column 1)		(Colui		(Column 3)	_					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	<del></del>	= .		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	F CLAIM	<u>                                     </u>		X42=		OR	X84=	
L	THOTTHEOL	INTERNATION OF IMP	JEHIP LE DEF	LINDLIN	CLAIN			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						,
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIR	=		X42=		OR	X84=	
<u> </u>	LINO! PRESE	INTALION OF M	OLITE DE	CINDEN	CLAIM			+140=		OR	+280=	
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul>								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.





Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09766798

CLAIMS AS FILED - PART I (Column 1)				mn 2)	SMALL ENTITY TYPE			OR		THER THAN IALL ENTITY		
TOTAL CLAIMS							I	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		* 4			X\$ 9=		OR	X\$18=	72
				nus 3 =	* Q			X40=		OR	X80=	1. 2
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2		TOTAL		OR	TOTAL		
	С	LAIMS AS A	MENDE	MENDED - PART				, , , , , ,	<u> </u>	] =	OTHER	THAN
		(Column 1)			ımn 2) (Column 3)			SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	5 01 4 11 4	<u> </u> =		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							Ł	TOTAL			TOTAL	
		(Column 1)		(Colui	mn 2)	(Column 3)	F	ADDIT. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 01 4114	=		X40=	-	OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEI	PENDENI	CLAIM			+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
•		(Column 1)	mn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	l	X40=		OR	X80=	
L.	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+135=			+270=	
		mn 1 is less than th		L	+135=		OR	TOTAL				
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											